

9019

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 312	
County <u>Cochise</u>	District <u>Sulphur Springs Valley</u>	County Registered No. <u>1907</u>	Local Registrar's No. <u>312</u>
TOWN Or City			
ORIGINAL CERTIFICATE OF DEATH			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Gabriel Colunga</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	Color or Race <u>White Indian</u>	DATE OF DEATH <u>8/7/1916</u>	
	<u>Black Chinese</u>	(Month) (Day) (Year)	
	<u>Mexican</u>		
DATE OF BIRTH <u>1916</u>	AGE <u>50</u> yrs. mos. days hrs. or min.	I hereby certify, that I attended deceased from <u>8/4/1916</u> to <u>8/7/1916</u> ; that I last saw h. <u>in</u> alive on <u>8/4/1916</u> , and that death occurred on the date stated above at <u>7 p.m.</u> The DISEASE or INJURY causing Death was as follows: <u>Tubercular Peritonitis.</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Merchant</u>	(b) General nature of industry, business, or establishment in which employed or (employer) <u>Relax</u>	(Duration) yrs. mos. days	
BIRTHPLACE (State or country) <u>Mexico</u>	NAME OF FATHER <u>Not Known</u>	Was disease contracted in Arizona? <u>No</u>	
BIRTHPLACE OF FATHER (State or Country) <u>Mexico</u>	MAIDEN NAME OF MOTHER <u>Not Known</u>	If not, where?	
BIRTHPLACE OF MOTHER (State or Country) <u>Mexico</u>	CONTRIBUTORY	(Signed) <u>J. P. McManus</u>	
The Above Is True to the Best of My Knowledge (Informant) <u>Jose Nakoda</u>	PLACE OF BURIAL OR REMOVAL <u>Wapreave</u>	In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
(Address) <u>Wapreave</u>	DATE OF BURIAL OR REMOVAL <u>Aug 8 1916</u>	LENGTH OF RESIDENCE <u>13</u> yrs. mos. ds. In Arizona <u>5</u> yrs. mos. ds.	
PLACE OF BURIAL OR REMOVAL <u>Wapreave</u>	UNDER TAKER <u>Wapreave</u>	Former or Usual Residence <u>Mexico</u>	
ADDRESS <u>Wapreave</u>	FILED <u>Aug 8 1916</u>	Local Registrar <u>Wapreave</u>	
	FILED <u>Aug 11 1916</u>	County Registrar <u>Wapreave</u>	